



**FARMERS
BRANCH**

**FINANCIAL ASSISTANCE APPLICATION
ATHLETIC SCHOLARSHIP**

Date:_____ Child's Name:_____ Age:_____

Address:_____ Apt #:_____

City:_____ Zip:_____ Home phone:_____

Parent's Name:_____ Work phone:_____

Cell phone:_____ Email:_____

QUALIFICATION REQUIREMENTS:

- Child is 18 years or younger
- Child resides year round in Farmers Branch
- Child or family receives aid from one of the following:
 - Free or reduced lunch program
 - WIC
 - Food Stamps
 - Aid for Dependent Children

Organization you are requesting funds for:_____

Money needed for: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total amount requesting \$ _____

Parent's Signature

Date

Signature indicates you understand this is a request and purchases should not be made in advance.
Upon approval, each recipient allotment is up to \$100.00 per calendar year.
Reimbursements DO NOT include sales tax.

For Office Use Only – copy and attach the following*

- ☐ *Farmers Branch driver's license or Texas State issued ID
- ☐ *Utility bill or lease
- ☐ *Qualification documentation *circle one:* LP FS WIC AfDC
- ☐ *copy of United States birth certificate
- ☐ Provide parent with form

Staff accepting application:_____ Date Approved:_____ Initials:_____